FORM D

Name of Offering

1428197

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

(chack if this is an amendment and name has changed, and indicate change)



FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IIFORM LIMITED OFFERING EXEMPTION

OMB A	APPROVAL						
OMB Number:							
SEC	USE ONLY						
Prefix	Serial						
I	1						
DATE	RECEIVED						
I	1						

•		☐ Rule 504 ☑ Amendment	☐ Rule 505	⊠ Rule 50	PRO	CES	SED		
	····	A. BASIC	CIDENTIFICATION				08 B	JUL	2 2 2000
Enter the infor	mation requested about t	he issuer		Ti		<u> </u>	HITCH	(Maski	
Name of Issuer Haven Media Grou		amendment and name h	as changed, and indi	cate change		ON K	UIEK	yvasnii	19ton, DC
			(Number and Street	, City, State, 2	Zip Code	, ,		,	ncluding Area C
			(Number and Street	, City, State, 2	Zip Code) Tele	phone N	umber (lı	ncluding Area C
							other t	hings, co	oncert series, e
Type of Business O	rganization								
	☐ corporation	☐ limited p	partnership, already fo	ormed				• •	
A. BASIC IDENTIFICATION DATA JUL 2 5 2008 JUL 2 2 4 2 5 2008 JUL 2									
	·		0 8			5	⊠ Ac	tual	Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA	A	
Each beneficial owEach executive offi	he issuer, if the iss ner having the policer and director o	suer has been organized witl	rect the vote or disposition o		a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	Managing Member
Full Name (Last name first,	if individual):	Drake II, Lawrence, M	1.		
Business or Residence Add	lress (Number and	d Street, City, State, Zip Cod	e): c/o Haven Media (Group, LLC, 911 U	J St., NW, Washington, DC 20001
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	
Full Name (Last name first,	if individual):	Barros, Darrel J.			
Business or Residence Add	ress (Number and	d Street, City, State, Zip Cod	e): c/o Haven Media G	Group, LLC, 911 U	J St., NW, Washington, DC 20001
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	Managing Member
Full Name (Last name first,	if individual):	Mason, Sr., Harvey			1
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	e): c/o Haven Media C	Group, LLC, 911 U	J St., NW, Washington, DC 20001
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	
Full Name (Last name first,	if individual):	Jones, Derek			
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	e): c/o Haven Media G	Group, LLC, 911 U	J St., NW, Washington, DC 20001
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	Member
Full Name (Last name first,	if individual):	Rosario, Lita			
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	e): c/o Haven Media G	Group, LLC, 911 U	St., NW, Washington, DC 20001
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ Managing Member
Full Name (Last name first,	if individual):	SCI Fund II, LLC			
Business or Residence Add Columbia, MD 21044	ress (Number and	Street, City, State, Zip Code	e): 20 Corporate Cent	ter, 10420 Little Pa	atuxent Parkway, Suite 495,
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	a):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Add	ess (Number and	Street, City, State, Zip Code	e):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	, ,				В.	INFOR	MATION	ABOUT	OFFER	ING			
1. F	as the issue	er sold, or	does the is	suer inten			edited inve pendix, Co					☐ Yes	⊠ No
2. V	. What is the minimum investment that will be accepted from any individual?									A			
3. [oes the offe	ring permi	t joint own	ership of a	ı single uni	t?						☐ Yes	⊠ No
a o a	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Na	ame (Last na	ame first, i	f individual)									
Busine	ss or Resid	ence Addr	ess (Numb	er and St	reet, City,	State, Zip	Code)						
Name	of Associate	ed Broker	or Dealer										
	in Which Pe Check "All S										•		☐ All States
,, [AL					[CO]						☐ (HI)	[ID]	☐ All States
	□ {IN}	□ [IA]	□ [KS]	□ [KY]	□ [LA]	[ME]		☐ [MA]	[IM]	☐ [MN]	☐ [MS]	☐ [MO]	
□ [M ⁻] [NE]	□ [NV]	□ [NH]	[NJ]	□ (NM)	□ [NY]	□ [NC]	□ [ND]	[OH]	□ (OK)	□ (OR)	[PA]	
□ (Ri)	□ (SC)	☐ [SD]	[TN]	□[ТХ]	[עטן]	[\text{\text{I}}]	□ [VA]	□ [WA]	[WV]	[WI]	□ [WY]	☐ [PR]	
Full Na	ıme (Last na	ame first, if	f individual)	_								
Busine	ss or Reside	ence Addr	ess (Numb	er and Sti	eet, City, S	State, Zip	Code)						
Name	of Associate	ed Broker o	or Dealer										
	in Which Pe Check "All S												☐ All States
☐ [AL] [AK]	☐ [AZ]	☐ [AR]	☐ [CA]	[CO]	□ (CT)	□ [DE]	☐ [DC]	□ [FL]	☐ [GA]	☐ (HI)	[ID]	_
	□ [IN]	[AI]	☐ [KS]	☐ [KY]		☐ (ME)	☐ [MD]	☐ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
□ [M]] [NE]	□ [NV]	[HN]	□ (NJ)	□ [NM]	□ [NY]	□ [NC]	□ [ND]			□ [OR]	☐ [PA]	
□ [RI]	□ [SC]	☐ [SD]		□ (TX)			□ (VA)	[WA]	□ [WV]	[WI]	□ [WY]	□ (PR)	
Full Na	me (Last na	me first, if	individual)				•					
Busine	ss or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Name	of Associate	d Broker o	or Dealer	<u>.</u>									
	in Which Pe theck "All St												☐ All States
□ [AL					[CO]				(FL)	[GA]	☐ (HI)	[ID]	LI All Olates
	[IN]	□ [IA]			☐ [LA]					☐ [MN]	☐ [MS]	[MO]	
[M]] [NE]	[NV]	□ [NH]				□ [NC]						
	□ (SC)	_									□ IWYI		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$	\$	
	Equity	\$	\$	
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	S	s	
	Partnership Interests	-	_ <u> </u>	
	Other (Specify)limited liability company interests)		<u> </u>	2,350,000
	· · · · · · · · · · · · · · · · · · ·			
	Total Answer also in Appendix, Column 3, if filing under ULOE	\$ 3,150,000	\$	2,350,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	1	<u> </u>	2,350,000
	Non-accredited Investors	n/a	<u> </u>	n/a
	Total (for filings under Rule 504 only)	0	<u> </u>	0
	Answer also in Appendix, Column 4, if filing under ULOE			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
	Type of Offering	Types of Security		Dollar Amount Sold
	Rule 505	•	\$	n/a
	Regulation A		- <u>*</u>	n/a
	Rule 504		_ *	
		n/a	_	n/a
	Total	n/a	_ <u>\$</u>	n/an/a
I .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0
	Printing and Engraving Costs		\$	0
	Legal Fees	🛮	\$	150,000
	Accounting Fees		\$	0
	Engineering Fees		\$	0
	Sales Commissions (specify finders' fees separately)	_	\$	0
	Other Expenses (identify)		\$	0
	Total	_	\$	150,000
		KA	<u>~</u>	100,000

4 b. l			S19 23777 23 1	· · · · · · · · · · · · · · · · · · ·				
Ques	Enter the difference between the aggregate offeion 1 and total expenses furnished in response ted gross proceeds to the issuer."	to Part C-Question 4.a. This d	ifference is the			<u>\$</u>		3,000,000
used estim	te below the amount of the adjusted gross pro- for each of the purposes shown. If the amount ate and check the box to the left of the estimate djusted gross proceeds to the issuer set forth in	for any purpose is not known, fue. The total of the payments liste	rnish an ed must equal	Payments Officers, Directors Affiliates	&		Pa	ayments to Others
	Salaries and fees		🗅	\$			\$	
	Purchase of real estate		🗅	\$			<u>\$</u>	
	Purchase, rental or leasing and installation of	machinery and equipment	🗆	\$			\$	
	Construction or leasing of plant buildings and	facilities	🗆	\$			Payment Other S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger	assets or securities of another	issuer	\$			\$	
	Repayment of indebtedness	***************************************	🗖	\$			\$	
	Working capital		🗆	\$		Ø	\$	3,000,000
	Other (specify):		_ 🗆	\$			\$	
			_ 🗆	\$			\$	
	Column Totals		🗖	\$		×	\$	3,000,000
	Total payments Listed (column totals added)				\$		3,000,00	00_
		D. FEDERAL SIGNA	TURE					τ
constitute	er has duly caused this notice to be signed by the san undertaking by the issuer to furnish to the uer to any non-accredited investor pursuant to	he undersigned duly authorized U.S. Securities and Exchange (person. If this n	otice is filed unde	r Rule	505, the	e followir e informa	ng signature Ition furnished
Issuer (P	int or Type)	Signature			Da	-ia /.	. / -	
	edia Group, LLC	Title of Signer (Print or Ty			0	[[]8	108	
	Signer (Print or Type)					S		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 present provisions of such rule?	ntly subject to any of the disqualification
	See App	pendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furn (17 CFR 239.500) at such times as required by sta	nish to any state administrator of any state in which this notice is filed a notice on Form D tate law.
3.	The undersigned issuer hereby undertakes to furn	nish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	•	or is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering the is filed and understands that the issuer claiming the availability of this exemption has the burden attisfied.
	uer has read this notification and knows the contents ted person.	s to be true and has duly caused this notice to be signed on its behalf by the undersigned duly
,	Print or Type) Media Group, LLC	Signature Date / 17 / 12 / 12
 		10//18/16
	f Signer (Print or Type)	Title of Signer (Print or Type)
Lawren	ce M. Drake II	President and CEOof Haven Media Group, LLC

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	•			API	PENDIX					
						4				
1 1	2	2	3		5					
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)					
State	Yes	No	Limited liability company interests	Number of Accredited Investors	Accredited Non-Accredited					
AL										
AK										
AZ				-		-	<u></u>			
AR					_					
CA										
со										
СТ										
DE							· · · · · · · · · · · · · · · ·			
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KY				<u>-</u>	<u> </u>					
LA ME			-					<u> </u>		
MD		×	\$3,000,000	4	f0 350 000	0				
MA			\$3,000,000	1	\$2,350,000	0	\$0		X	
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NV						<u>.</u>		 		
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				APF	PENDIX				
				_					
1	;	2	3			4		5	,
	to non-a	I to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C - Item 1)		Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No	Limited liability company interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY									
NC									
ND									
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OR									
PA									
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END